many of them probably tuberculosis, the author's results have been uniformly excellent. In early cases he states that the fluid may be absorbed in from five to nine days. If the ointment causes marked irritation of the skin, a new area should be used for each application.—*Münchener medizinische Wochenschrift*, 1905, No. 9, p. 415.

PEDIATRICS.

UNDER THE CHARGE OF

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AND

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Prophylaxis of the Ear in Acute Infectious Diseases.—OSTMANN (*Münchener medizinische Wochenschrift*, 1905, Band lii., No. 15, p. 694) calls attention to the frequency and dangers of middle-ear complications in the course of infectious fevers, to the manner in which they arise, and to the fact that proper prophylaxis will prevent many of them. In some instances the ear affection may be laid at the door of the specific infection, but in most of the cases it is only secondary to this, the infection producing a series of local and general changes, which predispose to the ear disease. In children the Eustachian tube is relatively short and wide, and, therefore, it is easily opened during swallowing, yawning, etc.; the emaciation associated with all the acute infectious diseases removes also a certain amount of the fat of the structures of the Eustachian tube, functionally weakening its tensor muscle and leaving the tube patulous; this favors propagation of the infectious process from the throat.

This possibility of infection becomes almost a certainty in the cases where the nose and throat of the child are already the seat of chronic inflammation or of adenoid vegetations. The already existing organisms are made much more virulent by the infection, and on account of the stopped-up nose, it is comparatively easy for mucus to be pulled into the ear during forced breathing, coughing, etc. Other possibilities of setting up a middle-ear inflammation are through extension of inflammation within the tissues themselves. The nasopharyngeal catarrhs of children, therefore, should be looked after and cured; they lead to accumulation of mucus in nose and throat and prevent the child from breathing properly; the infection makes the condition considerably worse and often makes it impossible to treat it properly. The children should be accustomed at an early date to cleanse their noses and throats through proper breathing and gargling; especially unilateral, vigorous but not violent breathing should be practised. The gargling or rinsing should be performed thus: A small amount of fluid is taken in the mouth, a deep breath taken through the nose, and at the heighth of inspiration the breathing is checked; the mouth is opened, the tongue protruded, and the tongue depressed with depressor; the fluid falls into the pharynx, a choking sensation is produced and the fluid ejected;

after some practice the depressor becomes unnecessary. During the disease it is very necessary to keep the nose and throat clean; if catarrh exists a cocaine and boric solution should be used three to four times daily. The child sitting up in bed leans forward and opens the mouth; the atomizer just within the nose should have its ball compressed gently four to five times, thus cleansing not only the upper but also the posterior part of the nose; the child is then told to blow one side of the nose after the other and large amounts of mucus and pus usually come away. Renewed infection of the throat is prevented, the ear is relieved, and mixed infection is averted.

If the nose is absolutely stopped up, cocaine and adrenalin solution may have to be applied before the spray is used. The teeth and mouth must also be carefully looked after. As ear complications can arise, even after the disease process has been checked, the emaciation and weakness of the child being largely the cause of this, the prophylactic and cleansing measures should be continued for some time longer.

Cases of Sudden or Rapid Death in Pneumonia.—E. TERRIEN (*Revue mensuelle des maladies de l'enfance*, April, 1905, p. 155), referring to the rarity of sudden or rapid death in the course of or convalescence from pneumonias of infancy, quotes cases reported by Parker, Hénoch, Netter, and Viti, in which a purulent pericarditis, alone or associated with other suppurative lesions, was found at autopsy. Leroux has reported a case in a girl, aged five years, in which sudden death occurred on the third day of a pneumonia of the right apex, with hyperpyrexia. The author reports 2 cases of sudden death. In 1, an infant of eighteen months, dying on the fourteenth day, a purulent pericarditis was found, with a small collection of pus in the interlobar fissure.

The second case occurred in a girl, aged ten years, admitted to the hospital for a recent chorea. Ten days after admission the temperature rose in the evening to 101.3°, with vomiting. On the following day the temperature was the same, pulse 100, and respirations 40 to 45; there was dry, frequent cough, and a slight cyanosis of the extremities and ears. The chest showed slight dulness of the right apex, with fine rales over the upper and middle third of the lung and in the axillary region, with blowing breathing. The heart, however, showed no signs. Later in the day the child experienced an attack of suffocation, became markedly cyanotic, and died in a few minutes from asphyxia. The autopsy showed pneumonia of the right upper lobe, but there was no extrapulmonary localization, the right cavities of the heart alone showing great acute dilatation.

The following conclusions are drawn:

1. Extrapulmonary localizations are frequent, especially before the age of two years. Pericarditis, usually suppurative, is frequently encountered. It is often latent and may determine rapid death.

2. Sudden or rapid death may be observed at every age, with or without extrapulmonary localization; it is, fortunately, not a frequent accident. This possibility, in a certain degree, allies pneumonia of the child with other affections, such as diphtheria and typhoid fever, in which sudden death has been observed.

3. Cyanosis is often the first sign which reveals the imminence of a fatal termination, and may be an indication of a pericarditis or of a simple acute dilatation of the heart.